



The Regulation and
Quality Improvement
Authority

Primary Announced Care Inspection

Service and Establishment ID: Mount Alexander House (1008)

Date of Inspection: 4 November 2014

Inspector's Name: Alice McTavish and Laura O'Hanlon

Inspection No: IN017466

**The Regulation And Quality Improvement Authority
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1.0 General information

Name of home:	Mount Alexander House
Address:	Castle Lodge Park Comber BT23 5DW
Telephone number:	02891878963
Email address:	mtalexander.eph@setrust.hscni.net
Registered Organisation/ Registered Provider:	Hugh Henry McCaughey
Registered Manager:	Angeline Taylor
Person in charge of the home at the time of inspection:	Angeline Taylor
Categories of care:	RC-I, RC-DE
Number of registered places:	37
Number of residents accommodated on day of Inspection:	32
Scale of charges (per week):	Trust rates
Date and type of previous inspection:	Secondary unannounced inspection 25 February 2014
Date and time of inspection:	Primary announced inspection 4 November 2014 10.00am-4.30pm
Name of Inspector:	Alice McTavish Laura O'Hanlon

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Consultation process

During the course of the inspection, the inspector spoke to the following:

Residents	6
Staff	3
Relatives	5
Visiting Professionals	1

Questionnaires were provided prior to the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25	5

6.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of service

Mount Alexander House is situated in the town of Comber, in Co. Down close to all local amenities. The residential home is owned and operated by South Eastern Health and Social Care Trust. Mrs Angeline Taylor is manager of the home and has been registered manager for ten years.

Accommodation for residents is provided in four separate suites across the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs. Hamilton Suite and Andrews Suite are located on the ground floor and comprise nine bedrooms each. Gillespie Suite and Montgomery Suite are on the first floor and comprise nine and ten rooms respectively. Each bedroom has a wash hand basin and built in wardrobes. A number of communal sanitary facilities are available throughout the home.

Communal lounges and dining areas are provided on the ground and first floors. The home also provides for catering and laundry services on the ground floor. There is access from the dining room to an enclosed outdoor patio and garden which contains a summer house, a greenhouse and has raised flower beds.

The home is registered to provide care for a maximum of 37 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of four residents.

8.0 Summary of inspection

This primary announced care inspection of Mount Alexander House was undertaken by Alice McTavish and Laura O'Hanlon on 4 November 2014 between the hours of 10:00 and 4:30pm. Mrs Angeline Taylor was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these recommendations have been addressed within the timescales specified RQIA. The detail of the actions taken by Mrs Angeline Taylor can be viewed in the section following this summary.

Prior to the inspection, in July 2014, Mrs Angeline Taylor completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Angeline Taylor in the self-assessment were not altered in any way by RQIA.

During the inspection the inspectors met with residents, staff, relatives and a visiting professional, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Inspection findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place but this did not reflect best practice guidance in relation to restraint and seclusion, nor did it detail that relatives should be informed following incidents and that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy is reviewed. See section 10 of the report.

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs.

Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff also confirmed that they have received training in behaviours which challenge. Staff members were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team. A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care.

The evidence gathered through the inspection process concluded that Mount Alexander House was compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy and procedure relating to the provision of activities dated June 2014. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

The home employed an activity coordinator for 11 hours each week. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that persons who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained.

The evidence gathered through the inspection process concluded that Mount Alexander House was compliant with this standard.

Resident, representatives, staff and visiting professional consultation

During the course of the inspection the inspector met with residents, representatives, staff and one visiting professional. Questionnaires were also completed and returned by staff.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Resident representatives indicated their almost total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

A review of the returned questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and the visiting professional are included in section 11.0 of the main body of the report.

Care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

Environment

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information relating to resident dependency levels, guardianship, finances, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

No requirements and three recommendations were made as a result of the primary announced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, the visiting professional, registered manager and staff for their assistance and co-operation throughout the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 25 February 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	12.13	The registered manager should detail the action taken in regard to the review of the quality of the dry goods delivered.	An examination of the records confirmed that the registered manager had submitted a complaint to the Trust regarding the quality of the dry goods delivered. The complaint was escalated to Business Services Organisation Procurement and Logistics Service for consideration.	Compliant
2	29.1	The registered manager must obtain evidence that all outstanding areas identified in the fire risk assessment have been completed.	Discussion with the registered manager confirmed that all outstanding areas identified in the fire risk assessment have been forwarded to South Eastern HSC Trust. All areas have been addressed apart from one. The recommendation is therefore restated.	Substantially compliant

10.0 Inspection Findings

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR	
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed:	COMPLIANCE LEVEL
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
Provider's Self-Assessment	
Information received from the referrer prior to admission informs us of the residents usual behaviour and any necessary communication methods needed. On admission assessments are completed by senior staff following ISO procedures and this information helps to develop a care plan for all staff to be aware of individual needs. Given this information staff are in a position to promote positive outcomes for residents. Information is passed on at handover reports and team meetings	Compliant
Inspection Findings:	
<p>The home had a policy and procedure entitled 'Policy for the Management of Violence and Aggression and Use of Restraint' dated May 2012 in place. This policy is due to be updated in September 2015.</p> <p>A review of the policy and procedure identified that it did not reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). The policy and procedure included the need for Trust involvement in managing behaviours which challenge but did not detail that relatives should be informed. It did not detail that RQIA must be notified on each occasion restraint is used. A recommendation is made that the policy should be updated to include these details.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received a range of training in behaviours which challenge which included a human rights approach. Staff had received training in Managing Aggression and Challenging Behaviour between November 2013 and February 2014 and refresher training is scheduled to be completed in the near future. Breakaway training was provided to five staff members in September 2014 with</p>	Substantially compliant

<p>similar training to be provided to the remaining staff members in the near future.</p> <p>A review of four residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p>Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Should a resident's behaviour give cause for concern then corrective action is taken i.e. following an assessment of the situation the relevant professionals are contacted and their advice and support sought at that time. When there is uncharacteristic changes in behaviour reported we look for any obvious signs such as infection, pain, constipation or dehydration. Staff continue to monitor the behaviour and if necessary complete behavioural charts and if no change refer to psychogeriatrician. Families are informed at all stages of the process and this is recorded on contact sheet R3</p>	Compliant
<p>Inspection Findings:</p>	
<p>The policy and procedure document 'Policy for the Management of Violence and Aggression and Use of Restraint' dated May 2012 included the following:</p> <ul style="list-style-type: none"> . Identifying uncharacteristic behaviour which causes concern . Recording of this behaviour in residents care records . Action to be taken to identify the possible cause(s) and further action to be taken as necessary . Reporting to senior staff and to the Trust . Agreed and recorded response(s) to be made by staff <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined</p>	Compliant

above. Staff members were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.

Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.

A review of the records and discussions with visitors confirmed that they had been informed appropriately.

<p>Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Should a resident need a consistent approach or response from staff, this is detailed in their care plan and is brought to the resident's attention or their representative and significant others. Care plans are agreed and signed by the representative and are under continual review and monitored to ensure that we continue to meet the residents need within our services</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Compliant
<p>Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Should the need arise for a resident to have a specific behaviour management programme this would be on guidance of a GP, Mental Health team, Dementia Liason Nurse, or any other relevant professionals. This would be included in the individuals care plan and communication verbally to all staff</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable

<p>Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Staff attend training in Dementia, Challenging behaviour and managing aggression. At present 6 staff are trained in Best Practice in Dementia which includes behaviour management and this training will be rolled out to all staff eventually</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. The inspector, however, established that the staff team were equipped with the necessary training, guidance and support to provide care to any resident who may have a behaviour management programme in place.</p> <p>A review of staff training records evidenced that staff had received Breakaway training in September 2014 with further training being arranged. Staff had also been provided with training in Managing Aggression and Challenging Behaviour between November 2013 and February 2014.</p> <p>Examination of staff training records and discussion with the registered manager confirmed that Dementia training is provided to all staff every two years and is next due in 2015. Two staff members have completed training in QCF Dementia Awards and six staff members are trained in Best Practice in Dementia with another eight staff members to commence this specialist training in November 2014. This is to be commended.</p> <p>Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment Any incident reported would be recorded on an IR1 form and on the individuals daily recording sheet F19. The residents representative would be informed about any incident and of any intervention needed from other professionals. If necessary a review would be arranged involving any services or professional involved and family representative.</p>	<p>Compliant</p>
<p>Inspection Findings: A review of the accident and incident records from October 2013 to September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident's care plan. A recommendation is made, however, that RQIA is notified of any accident or incident in which the health, care or welfare of any resident is affected. A review of four number of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. Visitors and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<p>Compliant</p>

<p>Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Restraint shall only be used following a full comprehensive assessment of best of practice and all appropriate professionals shall be involved. Restraint would only be used if there was extreme risk to the person or to others and all other approaches were exhausted but would not be common practice within the home.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Discussions with staff, visitors, a review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that no restraint had been employed within the home. Discussion with the registered manager confirmed that Trust personnel and the resident's representative would be notified on occasions when any restraint has been used. The circumstances and nature of the restraint would be recorded on the resident's care plan.</p> <p>The home operates access control to and from the building and access to the stairwell and passenger lift is controlled to ensure the safety of the resident group. The residents on each floor can move freely within communal areas of the home. No other restriction is in place.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are described.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed:	COMPLIANCE LEVEL
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
Provider’s Self-Assessment	
On admission we would complete a Getting To Know You Form F06 to try to capture some information on individual hobbies and interests. Following this a residents activity assessment is completed with the resident to assess if there are any physical problems that may hinder enjoyment of activity and to find out which activities that are of interest to them. This is used by staff and activity worker to plan activity so that we are getting positive outcomes for the individual.	Compliant
Inspection Findings:	
The home had a procedure for the programme of activities dated June 2014. This procedure detailed individual activity assessment and consent and referred to Minimum Standards and Residential Regulations. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan. Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose provided information pertaining to activity provision within the home.	Compliant

<p>Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The activity programme provides a varied range of events that reflect the needs of the residents. Activity can be on an individual or group basis and will be altered to suit the needs of residents. Religious services are held within the home every Sunday afternoon and residents are given the choice whether or not to attend. Clerical support can be made available as requested. We try as much as possible to encourage community involvement and do have a bowls tournament with another home and some residents attended a friendship circle group</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>Activities are planned one month in advance. Examination of the programme of activities identified that social activities are organised on a daily basis, often planned for both mornings and afternoons.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events.</p> <p>Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. The range of activities provided in the home included Sonas therapy, bowls, reminiscence therapy, art therapy and outings. Church services are provided on Sundays. The activity co-ordinator has received job specific training. This is to be commended.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Those residents who generally stay in their bedrooms are given an opportunity to contribute to the activities programme and are also offered a one to one activity. development of the programme of activity is discussed at residents meetings and residents are encouraged to put forward suggestions	Compliant
Inspection Findings:	
A review of the record of activities provided and discussions with residents, including one resident who generally stayed in their room, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents are invited to express their views at residents meetings. This was evidenced in the record of residents meetings where a resident had requested the provision of raised flower beds. This has been facilitated by staff and activity coordinator and there was evidence that these flowerbeds had been successfully used for the enjoyment of all residents.	Compliant

<p>Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Activity schedules are displayed in all units throughout the home and also on notice boards for families to know what is going on.</p>	Compliant
Inspection Findings:	
<p>On the day of the inspection the programme of activities was on display in each lounge. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents/representatives confirmed that most were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs. This programme outlined the activities which were taking place each day and at what time.</p>	Compliant
<p>Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Any resident requiring aids to facilitate participation are supported by staff and if extra staff are needed for a specific activity this is provided. Equipment and materials are provided to try to make activity as easy as possible for the individual</p>	Substantially compliant
Inspection Findings:	
<p>The home employs an activity co coordinator for eleven hours each week. The activity coordinator is supported in her role by care staff.</p> <p>The activity coordinator and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included games such as scrabble and draughts, scrapbooks and memory books, comics, magazines and newspapers, DVDs and CDs, a variety of musical instruments.</p> <p>here was confirmation from the registered manager that funds were raised by 'The Friends of Mount Alexander House' for the provision of activities.</p>	Compliant

<p>Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>Activity can be planned or spontaneous and the duration is sometimes dictated by those attending. We encourage sociability and try to enhance feelings of self esteem. Due to our client group activity is planned around individual abilities and their likes and dislikes</p>	Substantially compliant
<p>Inspection Findings:</p>	
<p>The activity coordinator, care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. The activity coordinator confirmed that there is flexibility within the schedule to change an activity on any given day. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p>Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p>	
<p>The manager inducts all contracted-in persons and monitors the delivery of the activity and in their absence the person in charge at the time monitors the delivery of the activity supported by the care assistant staff. The person contracted - in would liase with care staff if the activity would be appropriate for the individual. Activity would be monitored at all times by our staff or activity co-ordinator</p>	Compliant
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that a variety of voluntary and employed persons provide arts and musical activities. The registered manager confirmed that she had obtained evidence from the persons that they had the necessary skills and knowledge to deliver the activity.</p>	Compliant

<p>Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The person contracted in would liaise with care staff about the suitability of residents that attend. Activity should always be enjoyable and should involve resident participation and if this is not happening this is reported and a review of activity discussed. Any feedback would be done verbally.</p>	Substantially compliant
Inspection Findings:	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p>Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>A register is maintained of the date, attendance, type of activity and the name of the facilitator.</p>	Compliant
Inspection Findings:	
<p>A review of the record of activities identified that records had been maintained of the nature, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	Compliant

<p>Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment The programme is reviewed regularly through formal resident consultation at residents meetings. The activity co-ordinator liaises with the manager or a senior care regularly to discuss and plans for the month ahead. Residents need are taken into consideration when planning activity</p>	<p>Substantially compliant</p>
<p>Inspection Findings: A review of the programme of activities identified that it had last been reviewed at residents meetings which are held quarterly. The registered manager and activity coordinator confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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11.0 Additional Areas Examined

11.1 Resident's consultation

The inspector met with five residents individually and with others in groups. Residents were observed relaxing in the communal lounge and dining areas whilst others were resting in their bedrooms. In accordance with their capabilities all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'It's great here. I'm glad I came.'

'I like it here. The staff are very good'

'It's great here. I am very well looked after.'

'They look after us great here...I couldn't be in a better place.'

'It's very comfortable. They are good to me here.'

11.2 Relatives/representative consultation

Two relatives who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. One relative provided a comment in writing. One relative, however, raised issues relating to an apparent lack of activities provision during their visiting times, also to the difficulty in finding staff members to let them know that the relative was taking the resident on an outing. This was later discussed with the registered manager who was aware of these issues.

Comments received included:

'The care given to (my relative) is first class. My family visits daily and we are all very pleased with how (my relative) is looked after.'

'The care here is first class. I have no complaints.'

'We are happy with the level of care, food, comfort, supervision and activities which (my relative) has at Mount Alexander.'

"Good communication and a range of activities offered"

11.3 Staff consultation

The inspector spoke with three staff of different grades and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff advised that an 'open door' policy exists which allows staff to discuss any issues with the registered manager and they are supported through monthly supervision. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

'Well supported by manager'

'Residents are well looked after'

'Residents are given choices'

11.4 Visiting professionals' consultation

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home.

Comments received included:

'Staff are helpful.'

11.5 Observation of care practices

The atmosphere in the home was friendly and welcoming. Staff members were observed to be interacting appropriately with residents in a respectful, polite, warm and supportive manner. Residents were observed to be well dressed, with good attention to personal appearance observed.

11.6 Care reviews

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

11.7 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

11.8 Environment

The inspector viewed the home accompanied by Mrs Angeline Taylor and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a high standard.

11.9 Guardianship information

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

11.10 Fire safety

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 18 October 2014. The review identified that the recommendation made as a result of this assessment had been raised with the South Eastern HSC Trust and awaits action. A recommendation relating to fire safety has been restated.

A review of the fire safety records evidenced that fire training had been provided to staff on 27 September 2014. The records also identified that an evacuation had been undertaken on 13 October 2014 and that different fire alarms, emergency lighting, doors and extinguishers are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

11.11 Vetting of staff

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs Angelina Taylor. Mrs Taylor confirmed that all staff employed at the home, including agency and bank staff, had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Angeline Taylor as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Mount Alexander House

4 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Angeline Taylor either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	29.1	The registered manager must obtain evidence that all outstanding areas identified in the fire risk assessment have been completed.	Two	New fire risk assessment was completed on 11/11/14 and all identified issues have been addressed	31 December 2014
2	10.1	<p>Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.</p> <p>Reference to this is made in that the policy and procedure should be updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and to detail that relatives should be informed of any accident or incident and that RQIA must be notified on each occasion restraint is used.</p>	One	These recommendations have been forwarded to the relevant department for them to consider reviewing and for the policy to reflect issues raised	30 January 2015

3	10.6	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <p>Reference to this is made in that RQIA should be notified of any accident or incident in which the health, care or welfare of any resident is affected.</p>	One	From the day of inspection we have been notifying RQIA of all accidents incidents as recommended	Immediate and ongoing
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Angeline Taylor
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Hugh McCaughey

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Alice McTavish	21 January 2015
Further information requested from provider			